

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)					
PART I LOBBYIST					
NAME (Last)	(First)	(Middle)	TELEPHONE		
LIND	WENDY	LEIMAMO	(808) 244-8625		
MAILING ADDRESS (Street)			FAX		
1727 WILI PA LOOP, SUITE B			(808) 244-3094		
(City)	(State)		(Zip Code)		
WAILUKU	HI		96793		
EMPLOYING ORGANIZ'ATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
MAUI HOTEL & LODGING ASSOCIATION			(808) 244-8625		
MAILING ADDRESS (Street)			FAX		
1727 WILL PA LOOP, SUITE B			(808) 244-3094		
(City)	(State)		(Zip Code)		
WAILUKU	HI		96793		

PART II ORGANI	ZATION	
NAME OF ORGANIZATI	TELEPHONE	
MAUI HOTEL	& LODGING ASSOCIATION	(808) 244-8625
MAILING ADDRESS (St	FAX	
1727 WILL I	A LOOP, SUITE B	(808) 244-3094
(City)	(State)	(Zip Code)
WAILUKU	HI	96793
NAME OF PERSON RESP	ONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
₩₽ŒLEIMAMO	LIND	(808) 244-8625
MAILING ADDRESS (Street)		FAX
1727 WILL I	PA LOOP, SUITE B	(808) 244-3094
(City)	(State)	(Zip Code)
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PART III DESCRIPTION	OF SUBJECTS UPON WHI	CH YOU EXPECT TO LOBBY	<i>(</i>		
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	XXX Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
	N OF LOBBYIST				
I hereby certify that the	e information furnished abov	e is, to the best of my knowled	lge, correct and complete.		
6/23/06					
(Signature of Lobbyist) (Date)					
L	(a.a. Emba or goodhar)	·	(500)		
PART V AUTHORIZATI	ON TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED		
NANE W. ALULI		CHAIR, BOARD O			
NAME OF ORGANIZATION (if a	applicable)		TELEPHONE		
MAUI HOTEL & L	ODGING ASSOCIATION		(808) 244-8625		
MAILING ADDRESS (Street)			FAX		
1727 WILT PA L			(808) 244-3094		
(City)	(State)		(Zip Code)		
WAILUKU	HI		96793		
I haraby outhorize the					
I riciopy authorize the	above, - named person to e	ngage in lobbying activities on	behalf of the undersigned.		
Himi	e above - named person to e	ngage in lobbying activities on	behalf of tife undersigned.		